

Fill in this Information to identify the case:

Debtor 1	Hearthwood North I Association, Inc.		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number: 12-35375			

FILED

APR 11 2022

CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 18,318.65
Claimant's Name:	GARY LUU
Claimant's Current Mailing Address, Telephone Number, and Email Address:	AV SIND DE HACIENDA 604 FRACC FOVISTE 4TA ETAPA MEXICALI BC C.P. 21240 MEXICO

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

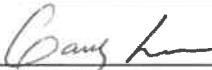
Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Attn: Unclaimed Funds
1100 Commerce Street, 3rd Floor
Dallas, TX 75242

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 03/28/2022



Signature of Applicant

GARY LUU

Printed Name of Applicant

Address: AV SIND DE HACIENDA 604
FRACC FOVISTE 4TA ETAPA
MEXICALI BC C.P. 21240 MEXICO

Telephone: 686-1076011

Email: YAPODEMOS2015@GMAIL.COM

6. Notarization

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

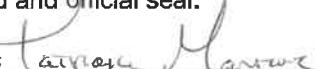
This Application for Unclaimed Funds, dated 03/28/2022 was subscribed and sworn to before me this 4 day of April, 2022 by



who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public


**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20_____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:

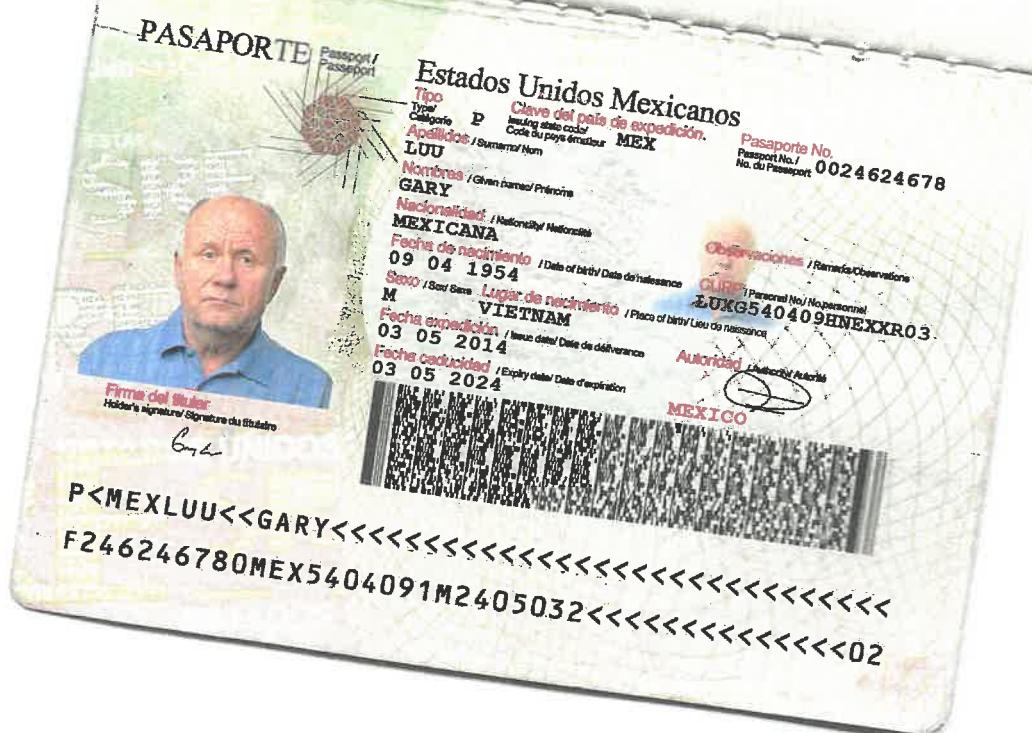
№ 13006



La Secretaría de Relaciones Exteriores de los Estados Unidos Mexicanos solicita a las autoridades competentes que permitan al titular de este pasaporte de Nacionalidad mexicana su libre paso sin retrasos ni demoras en el trámite de visa y que otorguen toda la asistencia que sea necesaria para su protección y bienestar en el extranjero.

The Ministry of Foreign Affairs of the United Mexican States hereby requests all competent authorities to permit the holder of this passport, a Mexican national, to transit without delay or hindrance and in case of emergency to give him all lawful protection and assistance.

Le Ministère des Affaires étrangères et de la Coopération internationale des États-Unis du Mexique, librement et sans entrave, bien veulent laisser passer l'heure du présent passeport, de la délivrer toute aide et assistance, et de la renouveler.



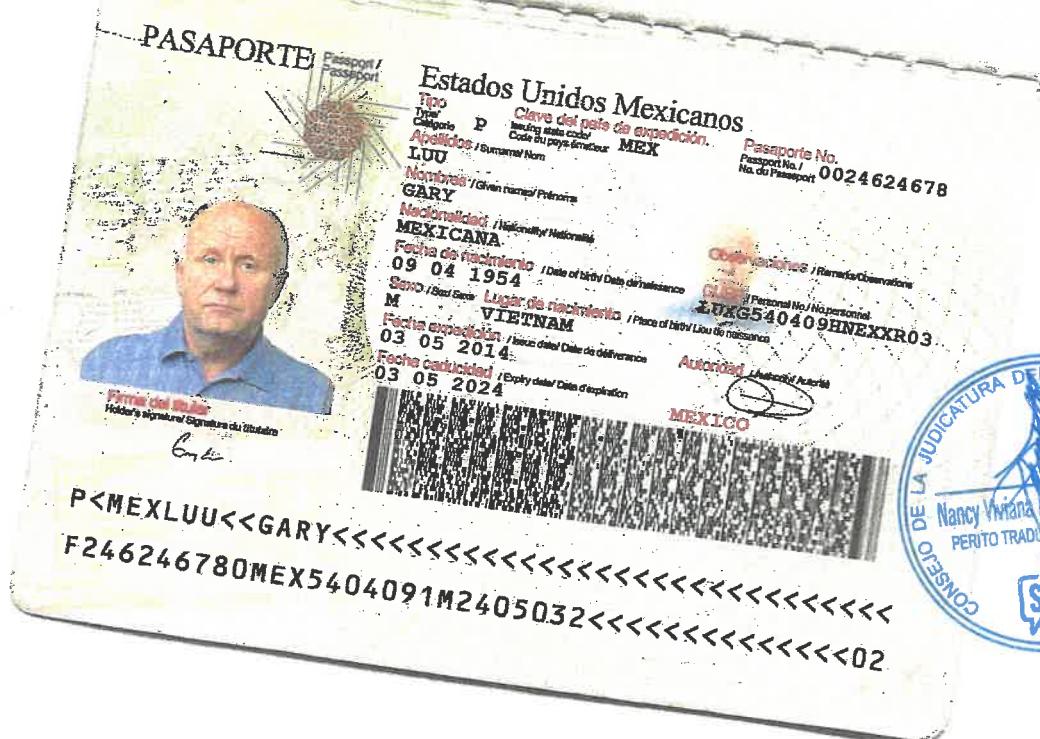
Nº 13006



La Secretaría de Relaciones Exteriores de los Estados Unidos Mexicanos solicita a las autoridades competentes que permitan al titular de este pasaporte de nacionalidad mexicana su libre paso sin retrasos o inconvenientes, y en su caso, le otorguen toda la asistencia y protección posibles.

The Ministry of Foreign Affairs of the United Mexican States hereby requests all competent authorities to permit the holder of this passport, a Mexican national, to transit without delay or hindrance and in case of emergency, to give him all lawful aid and protection.

Le Ministère des Affaires étrangères des États-Unis du Mexique prie les autorités compétentes de bien vouloir laisser passer sans inconvénient et sans entrave le titulaire du présent passeport, nationalité mexicaine, et de lui accorder toute aide et assistance possible.





GOBIERNO DEL DISTRITO FEDERAL
CONSEJERÍA JURÍDICA Y
DE SERVICIOS LEGALES
Dirección General Jurídica
y de Estudios Legislativos

CDMX



Apostille
(Convention de la Haye du 5 octubre 1961)

Derechos \$ 92.75

núm. Orden 13006

En México el presente documento público ha sido firmado por RODRIGO OROZCO PEREZ quien actúa en calidad de NOTARIO 53 DEL DISTRITO FEDERAL y está revestido del sello correspondiente a NOTARIA 53 DISTRITO FEDERAL, MÉXICO certificado en CIUDAD DE MÉXICO por (el) C. DAVID ZARIÑANA RODRIGUEZ, JEFE DE UNIDAD DEPARTAMENTAL DE CONSULTAS JURÍDICAS DE LA DIRECCIÓN GENERAL JURÍDICA Y DE ESTUDIOS LEGISLATIVOS DE LA CONSEJERÍA JURÍDICA Y DE SERVICIOS LEGALES

CIUDAD DE MÉXICO el 30 de marzo de 2022

DISTRITO FEDERAL
CONSEJERÍA JURÍDICA Y
DE SERVICIOS LEGALES
CONSEJERÍA JURÍDICA
y de Estudios Legislativos

Valide la autenticidad de este documento en <http://data.consejeria.cdmx.gob.mx/verificaAL/datosWeb.zul>
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1B88F21509C4Z2A4DY8C/Capturado por: READER



No. 13006

F 24624678

The ministry of Foreign Affairs of the United Mexican States
hereby request all competent authorities to permit the holder of
this passport, a Mexican national, free transit without delay or
hindrance and in case of need to give him all lawful
aid and protection.

Seal of "RODRIGO
OROZCO PEREZ
NOTARY 53
DISTRITO
FEDERAL, MEXICO"

PASSPORT		United Mexican States		
 <p><i>(Photograph of the interested party)</i></p>	Type	P	Issuing State Code	
	MEX			Passport No. 0024624678
	Surname			<div style="border: 1px dashed black; padding: 5px; text-align: center;"> <i>(Holographic photograph of the interested party)</i> </div>
	LUU			
	Given names			
	GARY			
	Nationality			
	MEXICAN			
	Date of Birth			
	04 09 1954			LUXG540409HNEXXR03
Sex:			Place of Birth	
M			VIETNAM	
Issue date			Authority	
05 03 2014			<div style="text-align: right;"> <i>(SIGNED)</i> </div>	
Expiry date				
05 03 2024			MEXICO	
Holder's signature (SIGNED)				

Translator's note: This document was in Spanish, French and English. At the request of the interested party, it appears only in English



(Emblem of:
UNITED
MEXICAN
STATES. B.C.)

Seal of the
"United Mexican States".
Government of the Federal
District
OFFICE OF LEGAL
AFFAIRS AND SERVICES
GENERAL DIRECTORATE
OF LEGAL AFFAIRS AND
LEGISLATIVE STUDIES.

CDMX

Mexico

Apostille

(Convention de la Haye du 5 octobre 1961)

Fee : MXN \$92.75

Order No. : 13006

In Mexico, this public document has been signed by RODRIGO OROZCO PEREZ
acting in the capacity of REGISTRAR OF VITAL RECORDS OF MEXICO CITY, and
bears the seal of GOVERNMENT OF FEDERAL DISTRICT GENERAL
DIRECTORATE OF VITAL RECORDS, CERTIFICATIONS. It is certified in MEXICO
CITY, by DAVID ZARAÑANA RODRIGUEZ, HEAD OF LEGAL AND
GOVERNMENT DEPARTMENT OF LEGAL AFFAIRS AND SERVICES AND
GENERAL DIRECTORATE OF LEGAL AFFAIRS AND LEGISLATIVE STUDIES.

MEXICO CITY on March 30 of 2022

1B88F215O9C4Z2A4DY8C/ Captured by: ROP



(SIGNED)

Validate this document at <http://data.consejeria.cdmx.gob.mx/verificaAL/datosWeb.zul>

SIGNATURE

EV3M89W4N8VMC9 A3UCW9V5BMYU9G

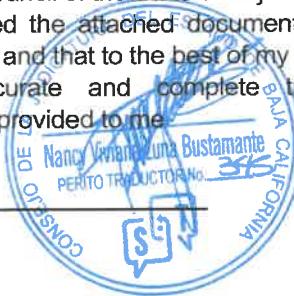
Seal of the
"United Mexican States".
Government of the Federal
District Code-->
OFFICE OF LEGAL
AFFAIRS AND SERVICES
GENERAL DIRECTORATE
OF LEGAL AFFAIRS AND
LEGISLATIVE STUDIES.



CERTIFICATE OF TRANSLATION

I, the undersigned, **Nancy Viviana Luna Bustamante**, hereby attest that I am a certified translator No. 345 by the Judicial Council of the State of Baja California, Mexico for English, and Spanish, that I have translated the attached document entitled **PASSPORT**, with registration number: **LEG 022-1180** and that to the best of my knowledge, ability, and belief this translation is a true, accurate and complete translation of the original in Spanish **PASAPORTE** that was provided to me.

Dated on Apr 01 2022



Smart Translation: Language & Business Agency

Av. Acatita de Bajan #1197, C.P. 21290
Mexicali, Baja California, Mexico
info.smartranslation@gmail.com
Cel: + 52 1 (686) 190 7981
Tel: +52 1 (686) 360 6998

AO 215
(08/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

Request to Determine Foreign Vendor Tax Payments

For any questions regarding the taxability of your foreign vendor payment, please contact the Payment Management Branch by phone at 202-502-4829 or via email at tax_compliance@ao.uscourts.gov. All Fields outlined in red are required.

Payee Name: **Gary Luu 12-35375**

Vendor Code: _____

Amount to be paid (In Dollars):Principal: **\$ 18,318.65**

Interest (if applicable): _____

Type of Payment (select one):

- Restitution;
- Unclaimed Funds;
- Registry Funds;
- Criminal Bond;
- Contract;
- Criminal Justice Act (Attorney);
- Criminal Justice Act (Services Other than Counsel); or
- Other (Explain):

If a service contract or CJA vendor, will the service be performed in the United States? _____

Funding Information:

<i>Fiscal Year</i>	<i>Fund</i>	<i>Budget Org</i>	<i>Cost Org</i>	<i>Object Code</i>
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Obligation:

<i>Number</i>	<i>Type</i>	<i>Item Line</i>	<i>Accounting Line</i>
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Proposed Payment Method: **International Wire Transfer**

AO 215
(08/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

Request to Determine Foreign Vendor Tax Payments**If payment is to be made via international wire transfer, provide the following Bank information as applicable:**

Legal Name on Account: NELLY LIZETH PEREZ SOTO
 Account Holders Address: AV SIND DE HACIENDA 604
FRACC FOVISTE 4TA ETAPA
MEXICALI BC C.P. 21240 MEXICO

Receiving Bank

SWIFT Routing # or SWIFTBIC: MENOMXMTXXX
 Bank Name: BANCO MERCANTIL DEL NORTE, SA
 Bank Address: MONTERREY MEXICO

Bank Account Number: 1182559731

IBAN, BSB (*Australia*) or CLABE (*Mexico*): 072 020 01182559731 3

Sort Code: _____

Domestic United States Intermediary Bank (*If applicable*)

ABA Routing # or SWIFTBIC: 021000021
 Bank Name: JPMORGAN CHASE BANK
 Bank Address: NEW YORK, NY USA

Bank Account Number: _____

International Intermediary Bank (*If applicable*)

SWIFT Bank Identifier Code (SWIFTBIC): _____

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

IBAN, BSB (*Australia*) or CLABE (*Mexico*): _____

Sort Code: _____

GARY LUU Gary Luu
 Name of Requester _____

Court / TXNB 12-35375

Court Unit/FPDO

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

- For use by individuals. Entities must use Form W-8BEN-E.
- Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual
- You are a U.S. citizen or other U.S. person, including a resident alien individual
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services)
- You are a beneficial owner who is receiving compensation for personal services performed in the United States
- You are a person acting as an intermediary

Instead, use Form:

W-8BEN-E

W-9

W-8ECI

8233 or W-4

W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner GARY LUU	2 Country of citizenship MEXICO
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. AV SIND DE HACIENDA 604FRACC FOVISTE 4TA ETAPA	
City or town, state or province. Include postal code where appropriate. MEXICLI BC C.P. 21240	Country MEXICO
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions) 04/09/1954

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

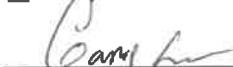
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here

I certify that I have the capacity to sign for the person identified on line 1 of this form.


Gary Luu

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

GARY LUU

Print name of signer

03/28/2022

Date (MM-DD-YYYY)



Cablemás Telecomunicaciones, S.A de C.V.
Domicilio Fiscal: AV: VASCO DE QUIROGA N°2000 COL. SANTA FE
 C.P. 01210, DELEGACIÓN ALVARO OBREGÓN MÉXICO D.F.
 RFC TCI770922C21

GARY LUU

AV. SINDICATO DE HACIENDA 604,
 FRACC. FOVISSSTE 4TA ETAPA,
 MEXICALI, BAJA CALIFORNIA,
 MEXICO C.P. 21240



86425656864202294512499636658

MES DE FACTURACIÓN
 FORMA DE PAGO
 NÚMERO TELEFÓNICO
 PÁGINA

MARZO
 EFECTIVO
 6864202294
 1 DE 1

DE CUENTA 9636658
TOTAL A PAGAR \$ 399.00
 PAGAR ANTES DE 31/MARZO/2022

ESTADO DE CUENTA

• SALDO DEL MES ANTERIOR \$ 0.00

Suscripción izzi

\$ 399.00

• CARGOS DEL MES \$ 0.00

• TOTAL A PAGAR \$ 399.00

(TRESCIENTOS NOVENTA Y NUEVE 00/100 M.N.)

[IMPRIMIR FICHA DE PAGO](#)

[IZZI PAGO EXPRES EN LÍNEA](#)

Conoce el detalle de tu estado de cuenta en www.izzi.mx

¿TIENES DUDAS?

ATENCIÓN A CLIENTES
01800 120 5600
 LUNES A DOMINGO
 LAS 24 HORAS

CHATEA EN LÍNEA EN:
www.izzi.mx
 DE 7:00 AM A 11:30 PM

CONTÁCTANOS EN REDES SOCIALES
 • [@soporteizzi](#) • [/soporteizzi](#)
 • [/soporteizzi](#)



Wells Fargo Deposit Operations
P.O. Box 5110
Sioux Falls, SD 57117-5110

wellsfargo.com

March 16, 2010

GARY LUU
PO BOX 741462
DALLAS, TX 75374

RE: Completing W-8BEN - Certificate of Foreign Status Form

Dear Customer:

Thank you for banking with Wells Fargo. We recently received a change to an address we have in your account records, and that change requires us to obtain an updated Form W-8BEN (Certificate of Foreign Status of Beneficial Owner) from you. The Internal Revenue Service (IRS) requires us to keep on file a completed, signed Form W-8BEN for all beneficial owners of interest-earning deposit accounts, including non-US persons and entities formed outside of the US (as defined by IRS regulations). The purpose of Form W-8BEN and any additional IRS-required documentation is to certify your foreign status. If you are unsure whether the Form W-8BEN is appropriate for you, please consult a tax advisor.

Each account owner must complete a separate Form W-8BEN. Also, when we have a U.S. mailing address on file for an account for any purpose, the owners must also provide additional required documentation. For help in properly completing Form W-8BEN, as well as to determine the additional documentation requirements, please refer to the enclosed instructions and tips.

Please return all owners' completed Forms W-8BEN and additional required documentation in the envelope provided.

As disclosed in your Account Agreement, the interest paid on your account will be subject to backup withholding requirements of the IRS until we receive all properly completed certification documentation.

If you have questions regarding this matter, please contact your Wells Fargo banker or call *Wells Fargo Phone BankSM* 24 hours a day, 7 days a week:

- For Personal Accounts: 1-800-TO-WELLS (1-800-869-3557).
- For Business Accounts: 1-800-CALL-WELLS (1-800-225-5935)
- For Commercial Accounts: 1-800-AT WELLS (1-800-289-3557), Option 2

We appreciate your business and thank you for your attention to this matter.

Deposit Operations

Enclosures